

U.S. DISTRICT COURT
N.D. OF N.Y.
FILED

MAR 18 2010

LAWRENCE K. BAERMAN, CLERK
ALBANY

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To JOHN COURTNEY Street, Apt. No.: or PO Box No. 476 ROUTE 11, CHAMPAIGN, NY 12917 City, State, ZIP+4	
3/12/2010  Postmark Here 07 mg 240 # 884	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																			
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td>M. Parrotte</td> <td>3/15/10</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2">X Malla R. Parrotte</td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> <tr> <td colspan="4"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="4"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>		A. Received by (Please Print Clearly)	B. Date of Delivery	M. Parrotte	3/15/10	C. Signature		X Malla R. Parrotte		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.				4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
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1. Article Addressed to:	JOHN COURNEY 476 ROUTE 11 CHAMPLAIN, NY 12917																				
2. Article Number /	7002 0510 0003 4362 6454																				